

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030731

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

CLAYTON

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY
OR
TOWN

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

DOA St. Louis County Hospital

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

10829 Waycroft Drive

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RICHARD

FRANK

DEMME

4. DATE
OF
DEATH

Month

Day

Year

June

24

1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 16, 1939

9. AGE (last birthday)

23

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Industrial Designer - Dave Chapman & Associates

10b. KIND OF BUSINESS OR INDUSTRY

St. Louis, Missouri

11. BIRTHPLACE (City and state or country)

USA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frank A. Demme

13b. MOTHER'S MAIDEN NAME

Amelia Stahlhuth

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

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16. SOCIAL SECURITY NO.

###

17. INFORMANT

Frank A. Demme, 10829 Waycroft Drive

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carbon monoxide poisoning

St. Louis 14, Mo.

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

Open Verdict

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Inhalation of carbon monoxide poisoning

20c. TIME OF
INJURY
Hour Month, Day, Year
6:30 a.m. 6/24/63

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

garage attached to
residence

20f. CITY, TOWN, OR LOCATION

St. Louis

COUNTY

Missouri

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond Hand

22b. ADDRESS

Coroner Clayton, Missouri

22c. DATE SIGNED

6/29/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

6-27-1963

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Memorial Gardens

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel, Inc. St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

6-25-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 4002

2 4000

3

4 0

5 0

6

7 0

8 2

9 9731

10

11

12 92-3

13

County Unknown

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Clarence H. Murray*
Licensed Embalmer No. 4011

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.